



Year in Review Issue
1986

Page 5	1986: Activities and Accomplishments
Page 25	Statistical and Financial Report
Page 31	People, Departments, and Programs

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The Year in



The Children's Hospital, founded in 1869, is a voluntary, nonprofit teaching hospital affiliated with Harvard Medical School. The largest pediatric hospital in the country, it is dedicated to patient care, research, and teaching, and offers comprehensive health care services for patients from birth through young adulthood.

Message from the President and the Chairman of the Board

This year found Children's Hospital in the midst of one of the most exciting and challenging periods in the institution's 117-year history. After a decade of evaluation and planning, a much-needed and long-awaited new inpatient facility is under construction adjacent to the present hospital. Scheduled for dedication and opening in the fall of 1987, the new building will house larger patient rooms to more easily accommodate modern patient care equipment, rooming-in space for parents, and teaching activities. On many floors, children will be grouped by age to help centralize age-specific treatment protocols and provide a better environment for older patients. Specialized rooms for treatments such as bone marrow transplantation and new areas for surgery, radiology, and emergency services will even further enhance the delivery of care and teaching activities.

The entire hospital community—composed of trustees, overseers, medical and nursing staffs, employees, administration, the League, volunteers, parents, donors, and friends—has worked together to realize the dream of a modern facility that will usher in a new era of pediatric medicine at Children's. Long one of the nation's leading pediatric centers, Children's will now have the physical resources to maintain its preeminence as it embraces the future.

This year the hospital also pursued plans to construct new research facilities contiguous to The John F. Enders Research Laboratories. The projected expansion will provide for the growth of promising current programs and the creation of new research projects by increasing available research and support space by nearly 85 percent. Scheduled for completion in 1990, the new facility

David I. Kosowsky, Sc.D., chairman of the Board, and David S. Weiner, president, tour the seventh floor of Children's new inpatient facility.



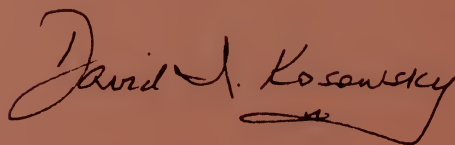
reflects Children's commitment to continued leadership in pediatric research and its vital link to the diagnosis and treatment of seriously ill children.

Thus, on one hand, we are pleased to report that the hospital is well positioned to carry on its threefold mission of providing the very best in child health care, teaching, and research. On the other hand, we are experiencing increasing budgetary pressures from a variety of constraints in our reimbursement and regulatory systems, as well as from the changing relationships being forged in the organization and delivery of health care. These pressures are being addressed vigorously by all levels of Children's management and staff in order to achieve greater economies and efficiencies wherever possible. It is apparent that improving quality, while simultaneously containing costs, will become the most pressing and creative challenge in the years ahead.

We fully expect that the hospital will continue to confront difficult choices as it evaluates priorities in the allocation of human and financial resources. Together, the members of the Children's Hospital family will face these choices in their efforts to maintain Children's commitment to excellence.

A handwritten signature in dark ink, appearing to read "David S. Weiner". The signature is fluid and cursive, with a long horizontal stroke at the end.

David S. Weiner
President

A handwritten signature in dark ink, appearing to read "David I. Kosowsky". The signature is cursive, with a large initial "D" and a long horizontal stroke at the end.

David I. Kosowsky, Sc.D.
Chairman of the Board

1986: Activities and Accomplishments





“Watch Us Grow”: Building for better child care

The dream. Children's Hospital's new patient care building and renovations will help to fulfill the institution's goal of providing the best possible care for sick children.

The 10-story building will feature a new main entrance, five floors of inpatient units, and new facilities for surgery, radiology, and emergency services.

The completed new facility will offer a more efficient floor design. Larger patient rooms will accommodate expanded rooming-in space for parents of patients. New construction is scheduled to be completed in late 1987. Renovations are also planned for existing hospital buildings.

Turning the dream into reality. The construction of Children's new inpatient facility has advanced rapidly since excavation work began in February 1985. Over the past year, many highlights marked the building's construction as the steel framework and precast concrete skin of Children's great dream grew.

As the foundation work progressed in October 1985, the first sections of the ground floor concrete slab were poured.

December of 1985 was a month of transition in the construction process. It

saw the completion of the excavation and concrete work for the building. Permanent steam and chilled water piping were activated this month, allowing the removal of the temporary pipes supplying water to the new building from the Enders Building. The project was 10 percent completed.

Structural steel erection started on January 21 and continued for the balance of the month. The project moved forward to 13 percent completion.

Aided by a mild winter, the construction crew continued assembling the 3,500-ton structural-steel frame. The first six floors stretched skyward by the end of February.

The next highlight was the Beam Raising Party on April 1. A steel beam inscribed with the signatures of staff, patients, employees, trustees, and construction workers was raised to the top of Children's new inpatient facility marking the completion of the building's frame. Concrete floors were also poured—at 1.8 million pounds of concrete per floor—for the first six floors of the building during April.

In May, the new facility modeled the first stages of its new look as its precast concrete panels were attached. The building was 28 percent complete.

The exterior skin of precast concrete and insulated metal panels made dramatic progress in June. The first of its more than 200 windows was installed during the month.

The entire installation of the main tower's precast concrete was completed in July. The installation of the new pavement, sidewalk, and curb began later that month. The project was one-third completed.

In August, construction advanced both inside and outside the building: final site pavements were begun, and major electrical and mechanical equipment was delivered. The new air-handling equipment will push more than 300,000 cubic feet of air through the building at any given time. An average of 250 construction crew members worked on the new building daily, pushing the project to 42 percent completion.

At the end of September, permanent electrical power was activated. Another major milestone occurred: the Move Advisory Committee first met on September 9. This committee began planning for the challenging task of systematically transferring staff, patients, and equipment to the new building upon its completion.

In October, after 18 months of construction, the new building stood 55 percent completed. Continuing as scheduled, the new inpatient facility—Children's great dream—will open less than one year away.

New construction. The Children's Medical Center sponsored the construction of two new projects: the Longwood Galleria, an enclosed shopping plaza; and the expansion of the Children's Inn.

These two projects, at the corner of Longwood and Brookline Avenues, will serve the needs of Children's patients and their families; staff, employees, and visitors; and surrounding institutions as well.

The combined 100,000-square-foot additions to The Children's Inn/Sterling's complex will provide many long-awaited services in the Longwood Galleria. The Galleria's two levels of shops will in-

clude a small post office, a dry cleaner, a shoe repair shop, and an international food pavilion.

The Children's Inn expansion will provide 80 more guest rooms and a 6,000-square-foot conference facility open to institutions in the Longwood Medical Area. The Children's Inn/Sterling's complex is scheduled to open in phases during 1987: The hotel, conference center, and one half of the office space will open in April, and the remainder of the office space and the Galleria will open in July.

At the beam-raising celebration, hundreds of patients, employees, and staff signed the last steel beam to be erected in the new facility. Here, Kevin Rowe of the Message Center signs the beam before it was hoisted to the top of the new building on April 1.



Strides in patient care

Ben Horgan, whose brain tumor was treated at Children's with radium implant surgery, visits his new friend, the giant Mickey Mouse on display at the Joint Center for Radiation Therapy.



Backed by a tradition of excellence, integrity, and professionalism, Children's Hospital embodies a humanistic approach to caring for patients and their families. This longstanding commitment to providing the best possible child health care was again demonstrated at Children's throughout 1986.

Heart transplantation. This year marked the beginning of a new chapter in transplantation when Children's first heart transplant was performed in May. The patient, a 17-year-old from Lynn, had been afflicted since birth with cardiomyopathy. This condition causes progressive weakening of the heart muscle and may lead to cardiac arrest.

Although heart transplantations are not new to pediatric medicine, Children's was unable to offer this service for a long time because of Massachusetts laws restricting the types of extraordinary care hospitals can provide to their patients.

At the time *Children's World* went to press, Children's first heart transplant patient was reported in good condition. He had returned to school and had resumed his other regular activities.

Children's surgeons also performed their first heart transplant on a patient affected with hypoplastic left heart

syndrome (HLHS), a defect characterized by an abnormally small aorta and left ventricle. Creating a double precedent, the 15-month-old patient became the youngest person in New England to receive a heart transplant and only the second heart recipient in the country with this particular defect to have a transplant after the initial palliative surgery. The patient is now recovering well.

New scoliosis surgery. A new surgical technique was begun at Children's for the treatment of scoliosis, a spinal disorder that can cause pain, physical deformity, and lung and heart problems.

Until recently, the postoperative course for scoliosis surgery required two weeks of immobilization, followed by six months in an upper body cast or brace. Today, thanks to this new technique, most patients can get out of bed the day after surgery and recuperate without even having to wear a cast or brace.

Radium implantation. Great strides were made in the treatment of high-grade glioma, a rare form of brain cancer in children.

For the first time, radiation therapists and neurosurgeons at Children's performed an innovative radium implant surgery on an 8-year-old boy afflicted with the disease.

This procedure, which was the first ever conducted in New England, involves temporarily implanting tubes filled with radioactive iodine in the tumor. The radiation is localized and therefore does not affect other areas of the brain.



Peter Banusiewicz 17, Children's first heart transplant patient, and his mother, Winifred, share a quiet moment together after his surgery.

The Campaign's progress

In 1986, Children's concluded the most successful overall fund-raising year in the hospital's history, at a time when support for the institution has never been more needed.

The Children's Campaign ended its first full year of activity with \$9.5 million raised toward the hospital's \$40 million need. During the past 12 months, Children's was the recipient of two landmark contributions among the hundreds of generous campaign commitments made to date by trustees, overseers, and other individuals; associations; corporations; and foundations.

In October, the hospital received the largest individual pledge in its history from Mr. and Mrs. Richard A. Smith and their children, the trustees of the Richard and Susan Smith Foundation. The Smith family's \$1.5 million commitment will name in their honor the emergency services area in the new in-patient facility. In making the gift, the Smiths expressed hope that their philanthropy would encourage others in the community to make leadership gifts to the campaign.

The trustees of The Kresge Foundation

announced in June that they had awarded Children's a \$1 million challenge grant toward the construction of the new building. To meet the terms of the grant, the hospital must raise \$6.8 million in new gifts and pledges by February 1988. This award is the largest challenge grant ever received by Children's.

In addition to these extraordinary contributions, the campaign generated enthusiastic early support from the corporate community. Leadership solicitations in 1986 resulted in a \$250,000 grant from the Boston Safe Deposit and Trust Company, and \$150,000 commitments from the Shawmut Bank and John Hancock Mutual Life Insurance Company.

This fall, employees and medical staff were asked to participate in the campaign—the first such fund-raising program at Children's in almost three decades. Employees pledged their support through the traditional One For All Fund while physicians were asked to consider five-year commitments in a separate program co-chaired by M. Judah Folkman, M.D., and Thorne Griscom, M.D.

The Children's Campaign



This "One" Is For The Children

The 1986 One For All Fund, Children's annual employee charitable fund drive, was conducted for the first time in support of the hospital's own needs. Funds raised are being contributed to The Children's Campaign.

The theme of the employee drive—"This 'One' Is For The Children"—emphasized the important focus of this year's fund. Thanks to the strong commitment of Children's employees, the 1986 One For All Fund was the most successful ever, with total receipts amounting to more than \$90,000.

In preparation for the kick-off of the One For All Fund, Victor Lalicata (kneeling), Carpentry Shop, and Roy Warren, Sign Shop, hang the campaign's tally sign.



Institutional milestones

Employee Opinion Survey. The Administrative Council determined specific actions to be taken in response to the hundreds of suggestions solicited from employees in the 1985 survey.

Major issues considered included pay and benefits.

Pay. The hospital's Board of Trustees approved a \$3 million increase in the fiscal year (FY) 1987 budget to make salaries throughout the hospital competitive with salaries at other health care institutions. Administrative, clinical, technical, and service employees whose positions were evaluated as non-competitive with comparable jobs in similar institutions received wage increases.

A portion of this amount was used during FY 1986 to address significant inequities in nursing salaries. Another portion was used to adjust salaries in other departments as of October 1.

In addition to approving salary increases, the Board of Trustees allocated another \$3 million for FY 1987 to increase hospital staffing. The hiring of additional nursing staff accounted for most of the new positions. The staff was increased to support essential programs, maintain the quality of care, and operate at full capacity.

Benefits. Employees look forward to the implementation of a new Earned Time (ET) benefits program in early 1987. ET is an innovative approach to structuring paid-time-off benefits in which free days, holidays, sick time, and vacation time are combined into one ET account.

Employees will accrue ET during each pay period; the accumulated time can then be used for scheduled and unscheduled absences. A portion of the account balance may also be converted to cash.

The ET program is more equitable for all employees and allows them greater flexibility in determining when and how their paid-time-off benefits are used. By designing the incentives of the ET program to discourage unscheduled absences, the hospital will be in a better position to deliver high-quality, uninterrupted patient care.

Value Improvement Program. To remain competitive in today's health care environment, hospitals must reconcile cost control with high-quality care. To achieve this delicate balance, Children's launched the Value Improvement Program (VIP) in late 1985.

Since its inception, multidisciplinary hospital task forces have been evaluating cost-effective approaches to service while maintaining or improving the quality of care. Children's practices were reviewed in light of alternatives demonstrated at other hospitals. The costs of treating Children's patients were compared with the costs of treating comparable pediatric patients at four other institutions.

Recent evaluations dealt with examining the hospital's practices for two major diagnoses: cystic fibrosis and hypospadias, a congenital anomaly of the urethra. Areas of comparison included lengths of stay, and costs of laboratory tests, rooms, nursing care, pharmaceuticals, and supplies.

Howard Hughes support. A major research program in the clinical applications of molecular genetics will be established through the collaboration of the Howard Hughes Medical Institute,

one of the nation's largest medical research organizations, and Children's Hospital. Hughes will collaborate with Children's in the development of a new research facility to house the program, sharing in \$17 million of the cost. It will be the largest Hughes facility located at a hospital, and the first ever to be established at a pediatric hospital.

Three physician-researchers at Children's were appointed Hughes Investigators for the new facility. They are: Bernardo Nadal-Ginard, M.D., Ph.D., chief, Department of Cardiology; Stuart Orkin, M.D., associate in Hematology and Oncology; and Samuel Latt, M.D., Ph.D., chief, Division of Genetics.

Children's Hospital has retained the architectural firm Ellenzweig, Moore and Associates, Inc. to design the expansion of the hospital's research facilities.

The planned building will be con-

tiguous to the Enders Research Laboratories and represents about an 85 percent increase in the physical plant for research. Groundbreaking is planned for late summer of 1987.

Nutrition book published. *Parents' Guide to Nutrition: Healthy Eating from Birth Through Adolescence*, written by Children's Health Information Department with Susan Baker, M.D., Ph.D., assistant in Gastroenterology and Nutrition, and Roberta Henry, R.D., director of Nutrition and Food Service, was published in June by Addison-Wesley. The book offers easy-to-understand advice on the most frequent questions parents have about feeding their children, as well as in-depth discussion on matters such as food allergies, additives, fad diets, and feeding the young athlete. The book was heralded nationwide for its balanced, common-sense approach to nutrition, and was a Book-of-the-Month Club Alternate Selection.

Parents' Guide to Nutrition

HEALTHY EATING
FROM BIRTH THROUGH
ADOLESCENCE

BOSTON CHILDREN'S HOSPITAL
WITH SUSAN BAKER, M.D., Ph.D.
AND ROBERTA R. HENRY, R.D.

Martha Eliot Health Center: 20 years of service. The Martha Eliot Health Center, a Jamaica Plain neighborhood health care service of The Children's Hospital, celebrated its 20th anniversary this year.

Named after Martha May Eliot, M.D., an international authority on child health, this facility is one of the first community health centers in the country that was established by federal funding. From a historical perspective, such centers were created to provide residents of low-income neighborhoods with high-quality and affordable health care.

Equipped with modern facilities, the center provides comprehensive primary health care services to more than 6,000 adult and pediatric patients in Jamaica Plain and in surrounding communities each year. It is staffed with more than 40 highly trained professionals, most of whom are bilingual. The majority of patients who use the center are young mothers and their children.

Wrentham State School. The 625-acre campus of Wrentham, a residential facility for more than 700 developmentally disabled individuals, celebrated the 10th anniversary of its formal association with Children's Hospital in January.

In the 10 years of Children's involvement at Wrentham, it has become a model of stability and progress among the state's five such facilities. The skilled and compassionate staff have helped almost half of the population move out into the community and into intermediate care facilities.

In October, U.S. District Court Judge Joseph L. Tauro, a Children's Hospital trustee, returned control of Wrentham and the Belchertown, Dever, Fernald, and Monson state schools to the state. He had assumed control of the schools' operations 13 years ago after parents filed class action suits charging that living conditions at the facilities violated basic human rights. Thanks to Tauro, residents of the five state institutions are now living in environments where



More than 400 parents, trustees, employees, and state dignitaries attended the celebration at Wrentham State School, marking the 10th year of the state's collaborative effort with Children's.

programs, services, and staffing have been vastly upgraded.

Montrath Pediatric Nursing Center.

Situated in Groton, Massachusetts, Montrath has been a part of The Children's Medical Center (CMC) since 1981. It serves as a Level II pediatric nursing facility focusing on rehabilitation.

In November 1985, the CMC and Montrath welcomed Carol Lobron as its new administrator.

During the past year, Montrath has strengthened its relationship with the hospital and has affirmed its commitment to family-centered health and habilitative services. In recognition of the shared philosophy of care and the institutional relationship, Montrath was renamed Children's Extended Care Center.

To support an expanding program of education and rehabilitation therapies, plans are under way to construct a 4,500-square-foot addition to the existing building that should become operational by the summer of 1987.

Research highlights

Children's investigators added another important chapter in 1986 to the hospital's long history of pioneering advances in the treatment and prevention of childhood illnesses.

One of this year's milestones is the research collaboration established between Children's Hospital and the Howard Hughes Medical Institute. The newly formed relationship between the two institutions is significant not only for the tribute it pays to Children's past accomplishments, but also for the powerful promise it carries for Children's future role in pediatric research.

Many exciting medical breakthroughs also made their mark this year. Some highlights follow:

Genetics. Researchers are working steadily to understand childhood diseases at their very origin, the gene. Disorders of gene function are directly or indirectly responsible for at least 20 percent of admissions to Children's.

Significant strides in the battle against Duchenne muscular dystrophy were made this year. Capping years of research, scientists in the Division of

Genetics have identified the gene that causes this severe, degenerative muscle disease. The discovery is a prelude to uncovering the basic defect involved in the disorder—knowledge that may help point the way to corrective therapy—and is already of clinical significance.

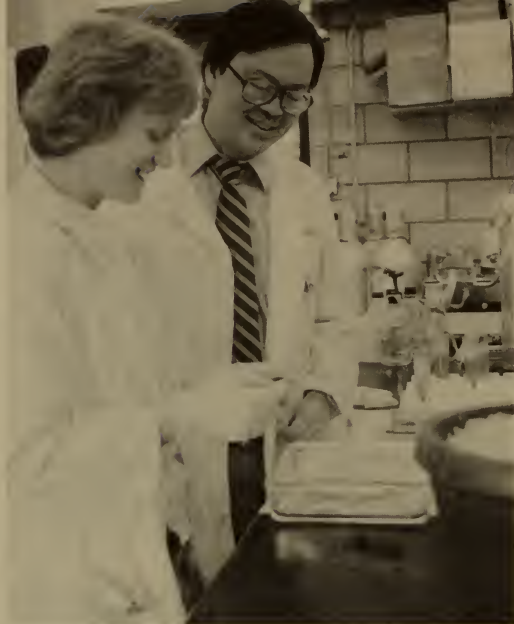
Markers within the gene area are currently being used to identify carriers of the disease and to diagnose the condition prenatally.

Hematology/Oncology. In the Division of Hematology and Oncology, researchers identified the gene for a rare, often fatal disorder of infection-fighting white blood cells, known as chronic granulomatous disease (CGD). The discovery represents the first gene to be identified for a disorder for which no specific protein or biochemical defect is known. Having isolated the CGD gene, the research team is now studying its biochemistry to determine how and why the defect occurs. This work may provide insight into other blood cells disorders.

The gene that causes retinoblastoma, a rare, childhood eye cancer, was isolated through collaborative work with the

*Stuart Orkin, M.D.,
associate in
Hematology and
Oncology, examines
the DNA sequence of
a gene.*





Jane Burns, M.D., assistant in Medicine (Infectious Diseases), and Donald Leung, M.D., Ph.D., assistant in Medicine (Immunology), are members of the research team that identified the possible cause of Kawasaki disease.

Massachusetts Eye and Ear Infirmary and the Massachusetts Institute of Technology. This finding is not only significant for early detection and thus early, possibly sight-saving treatment of the disease, but also for understanding the process by which other cancers arise. The retinoblastoma gene's normal function is to check uncontrollable cell growth, and as such, it is the first gene to be identified that acts to prevent the formation of cancer.

Immunology and Infectious Diseases.

A human growth hormone was isolated and found to stimulate the growth of blood cells, providing a promising treatment for immune-deficiency and bone marrow disorders. The hormone, called chronic granulocyte-macrophage colony-stimulating factor (GM-CSF), may also help speed the recovery of bone marrow transplant patients and those who receive cancer chemotherapy.

A breakthrough in the understanding of Kawasaki disease, a mysterious infectious illness that primarily affects children under five, was achieved this year. Using the same methodology that isolated the AIDS virus, researchers in the Divisions of Immunology and Infectious Diseases identified a retrovirus as the possible cause of the disease. This is the first virus to be linked with Kawasaki disease and the first time that

a retrovirus has been associated with a self-limited disease.

Cardiology. Kawasaki disease was also the focus of attention by researchers seeking to develop better treatment to prevent its associated heart damage. While most children with Kawasaki disease recover in two to three weeks without long-term effects, approximately 20 percent develop serious complications in the coronary arteries, which can cause permanent damage or lead to heart attacks.

Searching for a therapy to prevent these coronary complications, researchers in Cardiology, Immunology, and Infectious Diseases found that a concentrated antibody preparation, gamma globulin, given with aspirin proved five times more effective in preventing heart damage than aspirin alone.

Scientists made a significant advance in understanding heart disease when they located a common gene variation among patients with coronary artery disease. The variation, found near the genetic material that produces a primary ingredient of the lipid transport system, is a promising marker to determine who is at risk for heart disease. Additional study of the biochemical basis for the variation may elucidate better ways to control heart disease.

Medical staff news

Department of Medicine changes.

From March through July, David Nathan, M.D., physician-in-chief, restructured the Department of Medicine. In doing so, certain departmental areas were named as separate divisions and others were consolidated for reasons of reimbursement, size, and personnel.

With the April departure of Harvey Colten, M.D., who had served as chief of Cystic Fibrosis/Cell Biology, that division became part of the Division of Pulmonary Medicine. Mary Ellen Wohl,

M.D., was appointed chief of the Cystic Fibrosis section, and Fred Rosen, M.D., was appointed chief of the Cell Biology section.

Judith Palfrey, M.D., was named chief of the Division of Ambulatory Medicine, which was rearranged to include the following sections: Child Development Unit; Community Services; Developmental Evaluation Clinic; Family Development Study; Pharmacology—Toxicology; and Services to Handicapped Children.



Judith Palfrey, M.D.



Gary Fleisher, M.D., examines a patient in Emergency Medicine.

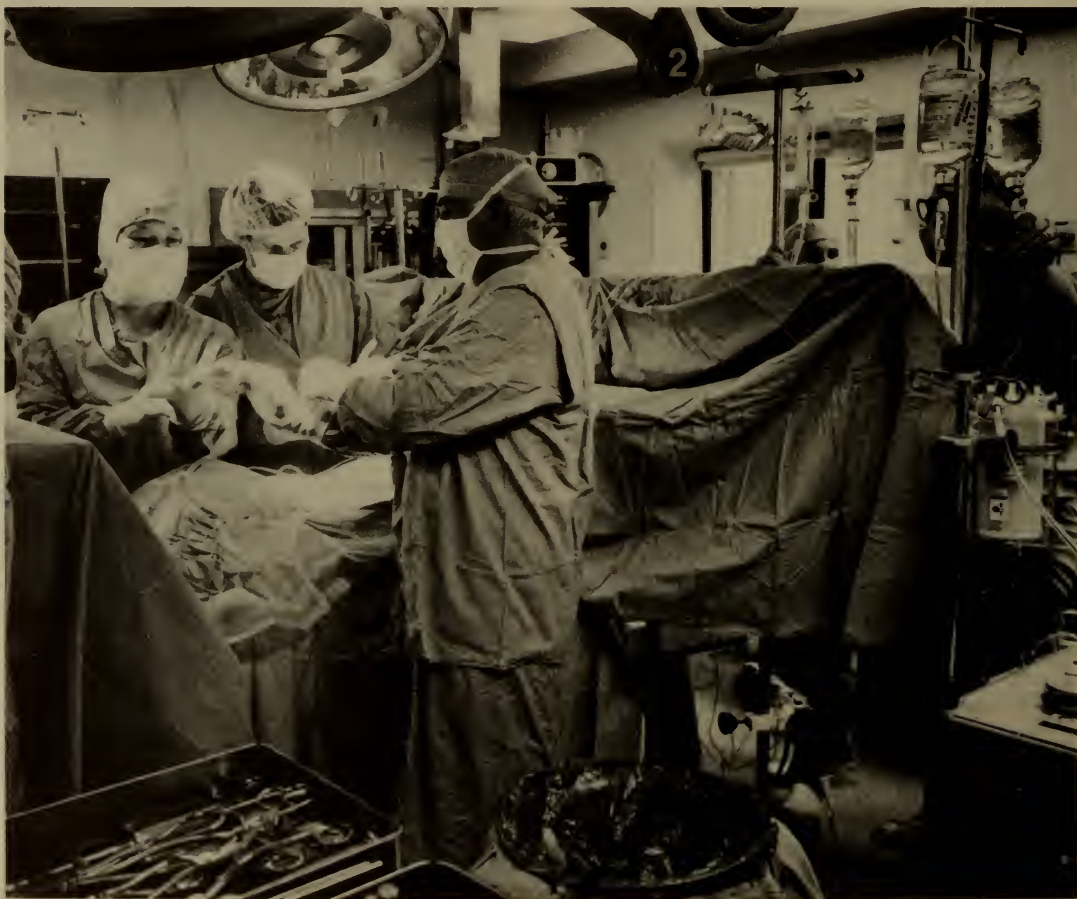
A new Division of Emergency Medicine was formed to recognize the hospital's commitment to upgrading emergency services. Gary Fleisher, M.D., came to Children's from the Children's Hospital of Philadelphia in July to serve as chief of this division. His goals include establishing good relations with referring physicians and providing on-site supervision of house officers.

The Division of Immunology was expanded to embrace these sections: Allergy, Dermatology, Clinical Immunology, and Rheumatology. Raif Geha, M.D., who was appointed chief of the division, also oversees the Allergy and Rheumatology sections. Arthur Rhodes, M.D., remains chief of Dermatology, and Fred Rosen, M.D., is chief of Clinical Immunology.

Michael Epstein, M.D., took over as chief of the Division of Newborn Medicine, upon the departure of Barry T.S. Smith, M.D.

To assist Samuel Lux, M.D., chief of the Division of Hematology and Oncology, in directing this joint division with the Dana-Farber Cancer Institute, Steven Burakoff, M.D., was appointed chief of Oncology for the DFCI location.

Samir Najjar, M.D., came to Children's in July as the new chief of the Thomas Morgan Rotch Medical Service for infants and toddlers. Najjar, a senior associate in Medicine (Endocrinology and Metabolism), had served as chief of Pediatrics at the American University in Beirut. A pediatrician and pediatric endocrinologist, he succeeds Kenneth McIntosh, M.D., clinical chief of Infectious Diseases, in the service chief role. The appointment of chiefs for each of the age-based services was instituted in 1985 to provide a system of central management for the care of infants and toddlers, school-age children, and adolescents.



New staff appointments. Besides newcomers to the Department of Medicine, several other physicians joined Children's in leadership roles or were promoted to them from within the hospital.

Elof Eriksson, M.D., joined Children's in July as chief of the Division of Plastic Surgery. Eriksson, formerly of Memorial Medical Center in Springfield, Illinois, is internationally renowned for his clinical work, teaching capability, and research studies of microcirculation.

Following the departure of Paul Griffin, M.D., in July, John Hall, M.D., was appointed orthopaedic surgeon-in-chief at Children's. During his 15-year tenure at Children's, Hall has served as clinical chief and as a senior associate in Orthopaedic Surgery.

I. Leslie Rubin, M.D., assistant in Medicine, Developmental Evaluation Clinic, was appointed in August as medical director of Children's Extended Care Facility (formerly Montrath Pediatric Nursing Center). Rubin replaced Richard Staub, M.D., who had served as medical director of the facility for 14 years.

In memoriam. William T. Green, M.D., known to many nationwide as the father of orthopaedic surgery, died on July 23 at the age of 84. For more than 40 years, Green made numerous contributions to patient care, including developing standards of skeletal growth,

pioneering surgical techniques for correcting discrepancies in leg length, and successfully rehabilitating children with cerebral palsy. As the first chaired professor of orthopaedic surgery at Harvard Medical School, Green established the residency program for Children's, Massachusetts General, and Brigham and Women's Hospitals.

Harry Shwachman, M.D., a worldwide authority on the research and treatment of cystic fibrosis, died on September 9 at the age of 76. Formerly senior associate in Cystic Fibrosis and chief emeritus of the Clinical Nutrition Division at Children's, Shwachman helped to develop a program of diagnosis and care that, over the past four decades, dramatically altered the prognosis for children with the disease. Shwachman is credited with discovering that lung involvement is the primary manifestation of CF, and for helping to establish the genetic pattern of this inherited condition.

Michael Bresnan, M.D., associate chief for clinical services in the Department of Neurology, died on September 27 at the age of 47. Bresnan had established and directed the Neuromuscular Clinic, handling a large volume of complicated cases. He is remembered in part for his considerable skill as a teacher, and was honored for this with the house staff's Charles A. Janeway Teaching Award in July.

John Hall, M.D., (foreground), was appointed orthopaedic surgeon-in-chief.

League continues strong support

The Children's Hospital League continued its outstanding and generous support for the hospital in 1986. Early this year, the League pledged \$1 million to The Children's Campaign in response to advance appeals for leadership gifts.

In July, the League contributed an unprecedented \$360,000, raised primarily through the Thrift Shop and the 1985 Festival for Children's Hospital. Well on

its way to becoming a holiday tradition, the Festival features a spectacular display of professionally decorated trees and wreaths, gift boutiques, and entertainment. This year's Festival rang in the 1986 holiday season at the World Trade Center in Boston with yet another successful event in support of Children's.



The hospital's annual tour and briefing featured a visit to Children's new inpatient facility. Among the participants were (from left to right): Lewis First, M.D., assistant in Medicine (Emergency Medicine); Henry Barg, a tour guest; Paula Klane, R.N., head nurse (Emergency Nursing Programs); and Overseer Francis Brooks.



David S. Weiner, Children's Hospital president, and Toni Macnamara, president of the Children's Hospital League, raise their hands triumphantly in response to the League's leadership pledge of \$1 million to The Children's Campaign.

Overseer/Trustee activities

Annual dinner. The fifth Children's Hospital Annual Dinner, held on April 15 at the Museum of Fine Arts, set the stage for the public kick-off of The Children's Campaign. This fund-raising effort, the largest ever at Children's, focuses on a \$40 million need to help shoulder the cost of the hospital's new inpatient facility and expanding research efforts.

The program featured presentations by Judah Folkman, M.D., director, Surgical

Laboratories; George Kidder, vice chairman of Children's Board of Trustees and chairman of The Children's Campaign; and Dave Maynard, WBZ Radio personality. To reinforce the "Help Us Grow" theme, a special slide show on the campaign was also shown.

Tour and briefing. More than 75 trustees, overseers, and special donors enjoyed a special preview of Children's new inpatient building as part of the



The Children's Hospital's 1986 Annual Dinner featured presentations by Judah Folkman, M.D., director of Surgical Laboratories, left; George Kidder, chairman of The Children's Campaign, center; and Dave Maynard, WBZ Radio personality.

annual hospital tour and briefing on October 22.

After touring the Radiology floor, the lobby and garden, and the emergency suite, guests heard a presentation on the future of emergency medicine at Children's by Gary Fleisher, M.D., chief, Division of Emergency Medicine.

New Appointments. At the December 1985 Annual Meeting of the Board of Trustees, William Bain Jr., and David G. Nathan, M.D., were elected trustees of the Children's Hospital. Rudolph F. Pierce became a trustee in February 1986.

Bain is president and managing partner of Bain and Company, Inc., an international management consulting firm specializing in the development and implementation of corporate strategy. Prior to 1973, Bain was group vice president of The Boston Consulting Group.

David G. Nathan, M.D., began his role as Children's physician-in-chief in January 1985. Previously, he had served as chief of the Division of Hematology/Oncology at Children's and as pediatrician-in-chief at the Dana-Farber Cancer Institute. Over the course of his career, Nathan has distinguished

himself as an administrator, clinician, researcher, and teacher.

Judge Rudolph F. Pierce is a partner in the law firm LeBoeuf, Lamb, Leiby, & MacRae. His list of legal appointments over the years include associate justice of the Superior Court, United States Magistrate, and director of Legal Services for the Roxbury Multi-Service Center.

In January 1986, James N. von Germeten, James S. McDonald, and Joseph W. O'Connor were appointed overseers.

James N. von Germeten is president and chief investment officer of The Boston Company. He is also chairman and chief executive officer of the Boston Safe Deposit and Trust Company, a subsidiary of The Boston Company.

James S. McDonald is vice president for Trust operations in the investment firm of Pell Rudman & Company.

Joseph W. O'Connor is president and chief executive officer of Copley Real Estate Advisors, an affiliate of The New England.

Transitions. As president and chairman of the Board for nearly three decades, William W. Wolbach played a leading role in the history of Children's Hospital. He now will remain an honorary trustee with the title of chairman emeritus.

Charles F. Barlow, M.D., neurologist-in-chief and former chairman of the Medical Staff Executive Committee, left the Board after three years of dedicated service.

George W. Phillips, who is chairman of the Board of The Boston Company has served in the past as vice chairman of the hospital Board of Trustees and as Treasurer. He resigned from the Board in April 1985 to become vice chairman of Shearson Lehman Brothers, Inc., in New York. Phillips continues to serve Children's as an overseer.

WBZ-Children's Hospital Fund

The WBZ-Children's Hospital Fund completed its seventh year of support for Children's with a record number of donations from the people of New England and beyond.

The year's campaign began in late September with a Farmer's Market, whose sale of produce, flowers, canned goods, and housewares netted more than \$12,000 one crisp autumn morning.

From early October through the end of the year, WBZ-TV ran public service announcements and promotional ads in support of the campaign. In these spots, viewers were encouraged to set up special events—such as bake sales, auctions, dances, and holiday craft fairs—and donate the proceeds to the Fund. WBZ's audience responded in kind with innovation, dedication, and hard work.



WBZ-TV personality Tom Bergeron and Nancy Callahan, activity therapist on Division 28, entertain former patients and their siblings on the Telethon set.



Employees and volunteers from Children's and area businesses take pledges over the phone during the Telethon.

WBZ-TV news anchor Liz Walker and guests encourage donations on the air during the Telethon.



Singing "Deck the Halls," the New England Conservatory of Music Youth Choir ushered in the holiday season at the December 4 tree-lighting in Prouty Garden. The event, covered by WBZ-TV's "Live on 4" and WBZ Radio's news, helped publicize the WBZ-Children's Hospital Fund.

WBZ Radio began its auction of donated items sooner than in years past when in mid-October World Series tickets commanded an impressive price. A formal auction was held during the two weeks of broadcasting on behalf of Children's from the station's remote location at Downtown Crossing.

Topping off the campaign was WBZ-TV's Children's Hospital Telethon, which raised the greatest amount of money in its four-year history. The Telethon featured stories about patients at Children's and appeals by celebrities including Mayor Raymond Flynn.

Prior to 1986, the Fund had raised more than \$2 million for Children's. A tally of this year's donations was being made as this issue of *Children's World* went to press, and is expected to push the total well above the \$2.5 million mark.

Statistical and Financial Report





Statistics

Patient	1986	1985
Number of licensed beds	339	339
Discharges	13,794	14,212
Patient days	97,165	100,487
Average stay in days	7.04	7.07
Clinic visits	169,543	163,590
Emergency room visits	46,969	45,929
Surgical procedures		
Inpatient	7,963	7,938
Outpatient	3,571	3,598
Total	11,534	11,536
Radiology		
Procedures performed	69,849	73,392
Laboratory tests	970,028	1,022,542

Personnel	1986	1985
Active medical staff	560	557
Active dental staff	12	15
Associated scientific staff	159	162
Courtesy staff	294	300
House staff	441	441
Consultants	113	128
Emeriti	34	49
Clinical assistants	41	40
Visiting staff	15	13
Nursing staff	831	753
Other full-time employees	1,701	1,686
Other part-time employees	588	573
Volunteers	780	761

*These numbers represent a count of
Children's personnel during September, 1986.*

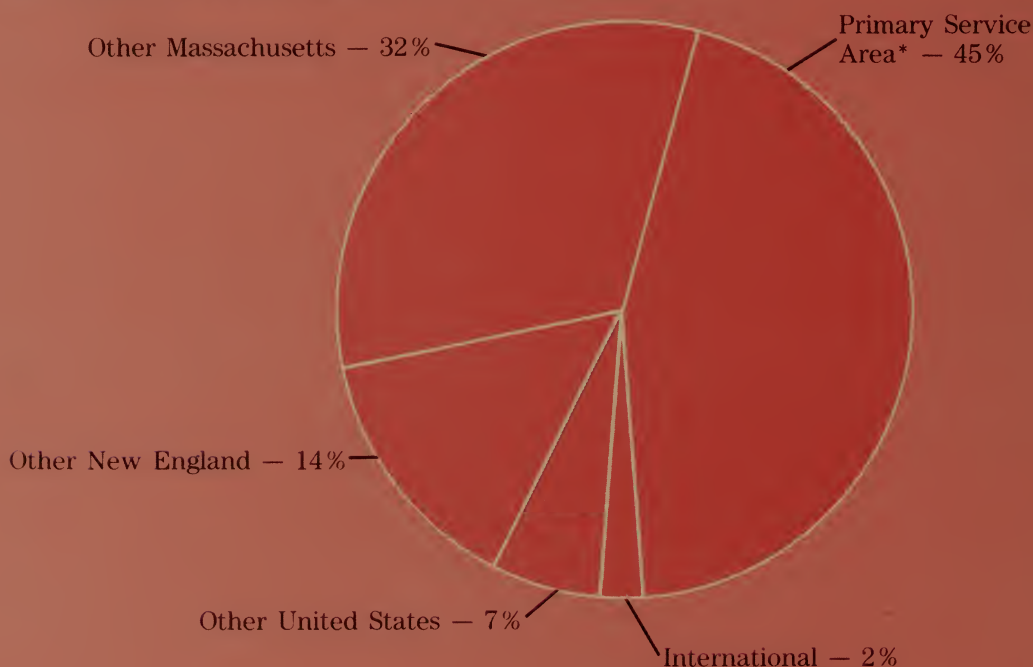


Statement of Revenues and Expenses and Funds Used for Capital Additions

Years ended September 30, 1986 and 1985
(In thousands of dollars)

	1986	1985
Statement of Revenues and Expenses:		
Revenues:		
Gross patient services revenue	\$142,939	\$139,339
Deductions from patient services revenue	(19,130)	(19,940)
Net patient services revenue	123,809	119,399
Other operating revenue	54,757	49,907
Total operating revenue	178,566	169,306
Operating expenses	176,943	166,427
Income from operations	1,623	2,879
Non-operating income	4,248	3,913
Excess of revenues over expenses	\$ 5,871	\$ 6,792
Funds used for capital additions	\$ 8,372	\$ 7,623

Note: The Statement of Revenues and Expenses and Condensed Balance Sheet are excerpted from the audited financial statements and are not intended to provide information contained in the complete audit report (Auditor: Peat, Marwick, Mitchell & Co.).



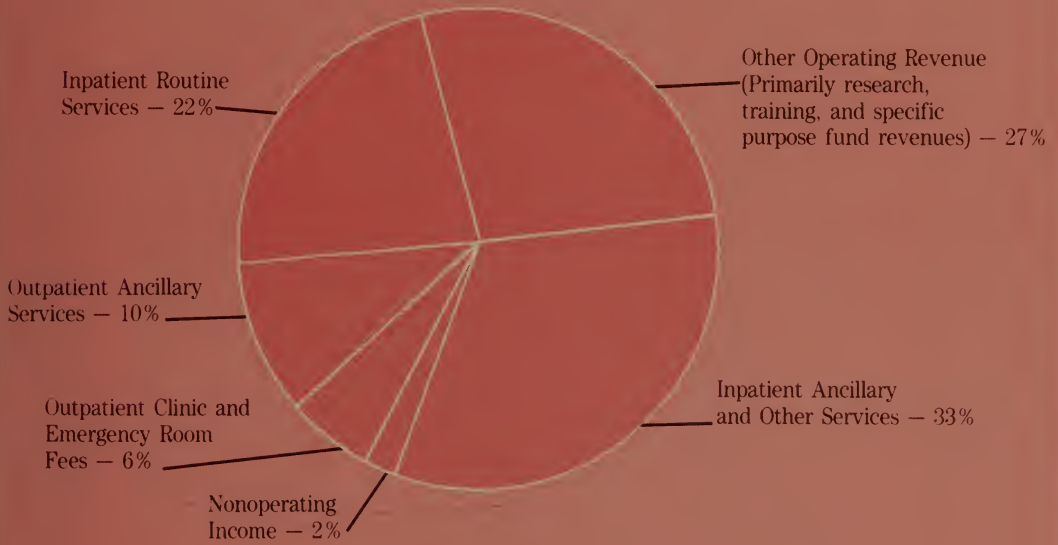
Where Patients Come From

*Includes the following Massachusetts areas: Arlington, Belmont, Boston, Brookline, Burlington, Cambridge, Chelsea, Dedham, Everett, Lexington, Malden, Newton, Revere, Watertown, Wellesley and Winthrop.

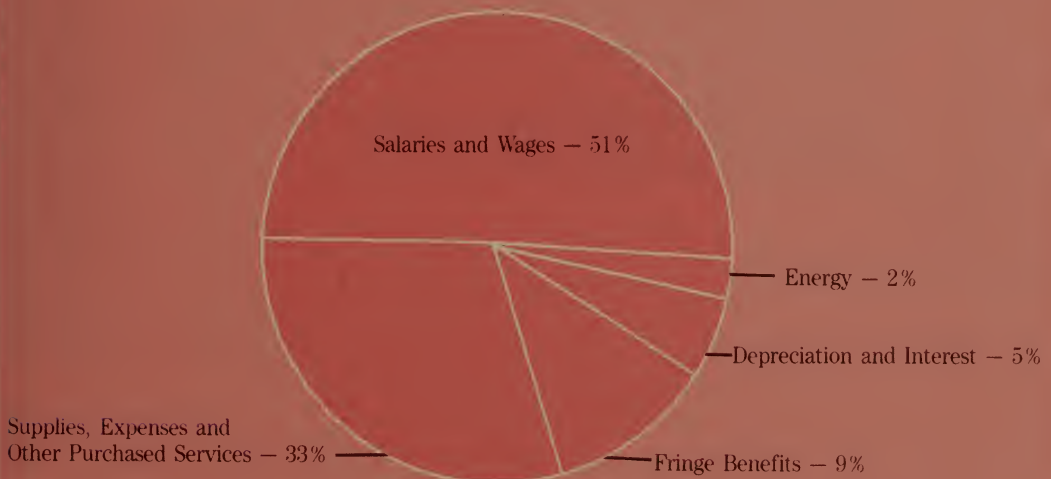


Financial Highlights: Year ended September 30, 1986

Sources of Revenues



Distribution of Expenses





Condensed Balance Sheet:
(In thousands of dollars) September 30, 1986 and 1985

Assets	1986	1985
General funds:		
Current:		
Cash	\$ 657	\$ 1,284
Investments	2,000	2,000
Receivables, net	19,499	17,762
Inventories	595	825
Prepaid expenses	392	547
Total	<u>23,143</u>	<u>22,418</u>
Assets held in trust under long-term debt agreements	139,713	84,816
Plant, property and equipment at cost less accumulated depreciation	93,147	67,420
Other assets	44,686	40,551
Total	<u>300,689</u>	<u>215,205</u>
Restricted funds:		
Accounts Receivable	4,791	3,899
Total	<u>\$305,480</u>	<u>\$219,104</u>
Liabilities and Fund Balances	1986	1985
General funds:		
Current:		
Current portion of long-term debt	\$ 703	\$ 160
Accounts payable and accrued expenses	33,840	27,041
Due to third party payors	13,816	16,514
Total	<u>48,359</u>	<u>43,715</u>
Long-term debt, excluding current portion	148,507	76,880
Deferred compensation	4,668	3,284
Deferred third party reimbursement	2,466	2,633
Fund balance	96,689	88,693
Total	<u>300,689</u>	<u>215,205</u>
Restricted fund balances:		
Fund balances	4,791	3,899
Total	<u>\$305,480</u>	<u>\$219,104</u>

People, Departments, and Programs



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David S. Weiner
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Nancy M. Kaplan



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Vice Chairman of the Board



David G. Nathan, M.D.



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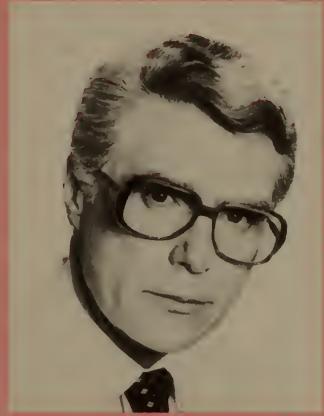
Fiscal Year 1986



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Volunteer Service

Children's 780 volunteers contributed more than 60,000 hours of service to the hospital in 1986. In addition, more than 800 volunteers donated their talents as performers for the entertainment of patients.

The volunteers listed below have each donated over 3,000 hours of service:

Phoebe Blum
Gaspar DeJesus
Mary Gillette
Helen Ginsberg
Robert Groden
Patricia Keith
Myrtle Koenig
Doris Levy
Bess Pappas
Elma Pearlstein
Mae Rosenberg

Frank Rossi
Ruth Savel
Mary Scott
Lillian Shulman
Josephine Worrell

1986 Humanitarian Award

Margaret Cass

1986 Supervisor of the Year

Bernadette Sullivan

Cardiology Clinic
Cardiomyopathy Clinic
Cerebral Palsy Medical Clinic
Cerebral Palsy Orthopaedic
Clinic
Communication Enhancement
Clinic
Community Services Program
Comprehensive Child Health
Program



Outpatient Programs

Adolescent/Young Adult Clinic
Allergy Clinic
Ambulatory Nursing Program
Ambulatory Surgery Service
Anorexia Nervosa and
Associated Disorders Clinic
Arrhythmia Clinic
Arthritis Clinic
Behavioral Medicine Program
Birth Defects Service

Craniofacial Clinic
Cystic Fibrosis Clinic
Dental Clinic
Dermatology Clinic
Developmental Consultation
Program
Developmental Evaluation
Clinic
Diabetes Clinic—Pediatric
and Adolescent
Diagnostic Evaluation Clinic
Diagnostic Test Center

Dietary Consultation Program
 Down Syndrome: Early
 Intervention Program for
 Infants
 Early Childhood Program
 Educational Assessment and
 Functional Progress Program
 Emergency Medicine
 Endocrine Clinics—Pediatric
 and Adolescent
 Family Development Clinic
 Functional Progress Program
 G.I./Nutrition Clinic
 General Renal Clinic
 Genetics Clinic
 Genitourinary Clinic
 Growth Clinic
 Growth and Nutrition Clinic
 Gynecology Clinic
 Gynecology Nurse Program
 Hand Clinic: Combined
 Orthopaedic—Plastic
 Hearing Disease Prevention
 Program and Hyperlipidemia
 Clinic
 Hematology Clinic
 Hemophilia Clinic
 Hypertension Clinic
 Infant Follow-Up Program
 Lead and Toxicology Clinic
 Learning Disabilities Clinic
 Liver Transplant Clinic
 Martha Eliot Health Center
 Massachusetts Poison Control
 System
 Medical Continuity Clinic
 Medical Diagnostic Clinic
 Medical Nurse Program
 Metabolic Bone Disorders
 Clinic
 Metabolism Clinic
 Myelodysplasia Clinic
 Neurology Clinic
 Neurology Nurse Program
 Neuromuscular Diseases Clinic
 Neuropsychology Testing
 Services
 Neurosurgical Clinic
 Nuclear Medicine Division
 Occupational Therapy Clinic
 Oncology Services, Pediatric
 Ophthalmology Clinic
 Oral Surgery Clinic
 Orofacial Clinic
 Orthopaedic Clinic, General
 Orthopaedic Nurse Program
 Orthoptic Clinic
 Ostomy Program
 Otolaryngology Clinic
 Pacemaker Clinic
 Pains and Incontinence
 Program
 Pediatric Consultation Services



Physical Therapy Department
 PKU: Inborn Errors of
 Metabolism Clinic
 Plastic Surgery Clinic
 Podiatry Clinic
 Preschool Function Program
 Prevocational/Vocational Work
 Experience Program
 Prosthetic Clinic
 Protein Clinic
 Psychiatry Clinic
 Psychology Testing Services
 Psychopharmacology Clinic
 Psychosomatic Follow-Up
 Clinic
 Pulmonary Clinic
 Pulmonary Function
 Laboratories
 Radiation Therapy Department
 Radiology Department
 Renal Transplant Program
 School Function Program
 School Health Services
 Seizure Clinic
 Seizure Unit
 Seizure Unit Family Services
 Team
 Sexual Abuse Treatment Team
 Sleep Disorder Program
 Social Services Department
 Spanish Team
 Spanish School Functions
 Team
 Spinal Clinic
 Sports Medicine Division
 Surgical Clinic, General
 Surgical Nurse Program
 Tumor Program
 Urodynamics Laboratory
 Vascular Clinic
 Weight Control Program
 Wrentham State School
 Contract
 Young Adult Congenital
 Heart Clinic
 Young Children and Their
 Parents Development Clinic
 Young Parents Program

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 Blood Bank
 Cardiology
 Cardiovascular Surgery
 Cell Biology
 Central Processing
 Clinical Engineering
 Clinical Laboratories
 Community Services
 Continuing Care
 Dentistry
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 Affairs
 Employee Health
 Environmental Services
 Epidemiology
 Facility Planning

Fiscal Services
 General Counsel
 General Stores
 Hemodialysis
 Hospital Engineering
 Human Resources
 Information Systems
 Kinesiology
 Linen
 Management Engineering
 Materials Handling
 Materials Management
 Medical Records
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 Message Center
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 Occupational Therapy
 Ophthalmology
 Orthopaedic Surgery
 Otolaryngology
 Parking and Transportation
 Pathology
 Patient Activity
 Patient Relations
 Pharmacy
 Photographic Services
 Physical Therapy
 Printing and Forms Services
 Psychiatry



Purchasing
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 Radiation Therapy
 Radiology
 Rehabilitation Engineering
 Center
 Research Administration
 Respiratory Therapy
 Safety Program
 Security
 Social Service
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 Telecommunications
 Volunteer Services

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The Children's Medical Center gives special recognition to those corporations and businesses that make gifts totaling \$2,500 or more in one fiscal year. Listed below are Corporate Associates for fiscal year 1986.

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The Smith Print, Inc.
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The Children's Medical Center recognizes the generous support of individuals who have made gifts totaling \$1,000 or more in one fiscal year. Listed below are President's Forum members for fiscal year 1986.

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Even though he had to spend a month in isolation, with no outside visitors except his family, Tony Baptista made a lot of friends when he was a patient at Children's Hospital.

As he recovered from bone marrow transplantation, he watched in wonder as, outside his window, steelworkers were assembling the framework of what will eventually become a new Children's Hospital.

As Tony watched the steelworkers, they watched him. They waved and did little dances on the beams for him; they made signs that said "hello" and "get well soon." They cheered him on through his grueling post-transplant period and they took note of his progress. The day Tony was ready to leave, they presented him with a hard hat signed by all the workers.

The new facility that Tony watched take shape during his stay will provide desperately needed space for improved patient care and for special treatments like the bone marrow transplantation Tony received.

Children's Hospital, considered a world leader in pediatric care, now operates in facilities that are among the oldest in the nation. To help fund construction of the new hospital and to expand important research programs, Children's has launched a \$40 million fund drive called The Children's Campaign.

Your contribution to The Children's Campaign helps the hospital continue to care for youngsters like Tony. Children's has never needed support from donors as much as it does today. Your consideration is greatly appreciated.

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